

## UNITED STATES DISTRICT COURT

for the

RECNC 230113AM1144MDG7-ATH

Steve Simonds, - PRO se  
Plaintiff/Petitionersee "defendants" page 1  
Defendant/Respondent

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. If incarcerated. I am being held at:

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. If not incarcerated. If I am employed, my employer's name and address are:

Retired - Steve Simonds. Plaintiff 1 - PRO se

My gross pay or wages are: \$ 23,000 / year and my take-home pay or wages are: \$ SAME per  
(specify pay period) year

3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):

- |  |   |  |
|--|---|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes                            | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes                            | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments   | <input checked="" type="checkbox"/> Yes (Include ABOVE) | <input type="checkbox"/> No            |
| (d) Disability, or worker's compensation payments  | <input type="checkbox"/> Yes                            | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances                         | <input type="checkbox"/> Yes                            | <input checked="" type="checkbox"/> No |
| (f) Any other sources                              | <input type="checkbox"/> Yes                            | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

Retired from County gov't & compensated  
\$6,000 per year (MOY)

Steve Simonds  
PRO se

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

4. Amount of money that I have in cash or in a checking or savings account: \$ 11,0005. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

① 2007 - NISSAN Frontier - \$7,000

② Own my home mtge with Wells Fargo, owe \$50,000 (MOL)

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

① own my home @ 1518 Longbow Dr., Lakeland, FL, 33810  
 Amt of my mtge is approximately \$50,000  
 ② water/sewer - \$100 monthly, ③ electric \$150.00, ④ cable - \$160,  
 ⑤ homeowners insurance \$180/month, taxes \$140 per quarter/month, ⑥ car - \$80/month

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

N/A

⑤ car insurance - \$100/month

⑥ medication - \$60/month

⑦ Food - \$500/month

⑧ GAS - \$200/month

⑨ maintenance on truck - \$90/month

⑩ maintenance on home - \$110/month

⑪ clothing - \$60/month

⑫ Hair cut - \$40/month

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

Mtge - Wells Fargo, \$400 mthly  
 Home owner ins. - \$180/mth

total amt owed is approximately \$50,000

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: Jan 8, 2023

Steve Simonde - pros  
 Applicant's signature  
Steve Simonde pros  
 Printed name

## UNITED STATES DISTRICT COURT

for the

Daisy Rosenberger (Mischell) - NO INCOME  
 Plaintiff/Petitioner  
 See "defendants" page  
 Defendant/Respondent  
 Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. If incarcerated, I am being held at: Dept of Family and Children Services  
 If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.  
Atlanta, GA

2. If not incarcerated, If I am employed, my employer's name and address are:

My gross pay or wages are: \$ 0, and my take-home pay or wages are: \$ 0 per  
 (specify pay period) 0.

3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):

(a) Business, profession, or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Rent payments, interest, or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Pension, annuity, or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Disability, or worker's compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(e) Gifts, or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(f) Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

4. Amount of money that I have in cash or in a checking or savings account: \$ N/A5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):  
N/A6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):  
N/A7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:  
N/A8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):  
N/A**Declaration:** I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.Date: 1/9/2023Daisy is in custody of D.A.C.S. Athens, GA. I was not allowed to see my child. I am a mother.

Applicant's signature

Daisy Rosenberg  
Printed nameSteve Simon